“don’t skip COLON CANCER screenings”

Colon cancer patient DAVID LAFEVER encourages others
REMEMBERING
DR. PAUL JACQUIN

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AS WE CLOSE OUT 2019 AND PREPARE TO VENTURE INTO 2020, I’d like to take this time to reflect on and pay tribute to a great man, Dr. Paul Jacquin. Earlier this year, our beloved medical oncologist, coworker and friend succumbed to the disease that he fought so hard to treat for the past 40-plus years.

In January of 1996, Dr. Jacquin came to Cookeville with a mission. He was extremely passionate about having a place where patients could be treated locally and be close to home. With his kind heart and compassion for others, he founded our Cancer Center. In his 23 years with the CRMC Cancer Center, many things have changed.

Our staff increased from roughly 20 employees to the current 80. The center grew from 8,000 square feet to the current 30,000 square feet in 2009 with the opening of the North Patient Tower. We transitioned from paper charts and prescriptions to the electronic version of both. The chemotherapy realm has added immunotherapies, targeted therapies and multiple oral chemotherapy medications to its treatment platform. Cancer diagnoses and treatment decisions are based on molecular and genetic testing pathology instead of cell type alone.

Throughout all of these changes, the one thing that never wavered was Dr. Jacquin’s compassionate care for his patients. They were as loyal to him as he was to them. He would tell you he was here because he enjoyed his work and because the difference he made in the lives of others was rewarding. In his own words, he always told us, “I will keep doing this until they tell me not to come in anymore.” In fact, he continued to see patients until the week prior to his death. He would always say he was going to cut back, and then he’d laugh and say, “But not today.”

His dedication to the Cancer Program at CRMC and his love for others will never be forgotten and continues to live on through memories and the lives that have forever been changed. Dr. Jacquin will always be the heart of the Cancer Center. We, his coworkers, will strive to continue his enduring legacy. Dr. Jacquin, you’re deeply missed and will never be forgotten.
THE CANCER CENTER AT COOKEVILLE REGIONAL is proud to be the first in the region to add stereotactic body radiation therapy (SBRT) to its arsenal of cancer-fighting therapies.

SBRT is a treatment modality that uses advanced, image-guided techniques to deliver large doses of radiation to a precise, targeted area for very specific types of cancer.

“This can be used in certain lung cancers that are on the small side and located away from the center of the body, and it can be used to treat brain lesions,” said Dr. Algis Sidrys, a radiation oncologist at the CRMC Cancer Center. “In the future, people may be treated with SBRT for cancer that has spread to the liver.”

The main advantage of SBRT therapy is that, instead of delivering a small dose of radiation each day for several weeks, it uses very focused beams of high-dose radiation given in fewer treatments.

“SBRT allows for a much shorter treatment course and perhaps a more effective treatment in some situations,” said Dr. Sidrys. “In some cases, for example, instead of treating a person for lung cancer for seven weeks, we will be able to treat them in just one week.”

Another advantage of SBRT is that it may create fewer side effects because several beams are aimed at the tumor from different angles.

“Radiation goes in a straight line through the body, so if we’re treating with just one beam, then all of the normal tissues that are in line with the tumor are going to get the same dose,” said Dr. Sidrys. “However, if we’re treating with 10 or even more beams from different angles, then the normal tissues get one-tenth the amount of radiation, and the point where all of the beams intersect gets 100 percent.”

Dr. Sidrys notes, however, that at this point, SBRT is only effective for certain types of cancer.

“If someone has cancer that has spread to the lymph nodes, then we cannot use this technique,” he said. “If it’s a very large lesion, we can’t use it, or if it’s very close to other structures, then we potentially could not use it, either.”

CRMC chose to add linear accelerators capable of providing SBRT to three of its current radiation machines because the hospital wanted to offer the most advanced care to the patients of the Upper Cumberland.

“SBRT is becoming the standard of care, and it will be for the next several years,” said Dr. Sidrys. “It is definitely the direction that radiation is going, and Cookeville Regional has always made it a point to offer standard-of-care medicine.”
COLON CANCER PATIENT ENCOURAGES OTHERS NOT TO SKIP SCREENINGS

DAVID LAFEVER, a recent colon cancer survivor, has a message he’d like to share: Don’t skip your screenings.

A Tennessee Tech engineering graduate from Smithville who has worked in the TVA nuclear power program for the past 38 years, Lafever learned in August 2018 that he had colon cancer.

“I had been feeling fatigued for quite some time, and one Sunday morning, I got up and took a shower, and it just exhausted me,” said Lafever. “I came downstairs and started talking with my family, and we decided I should go to the emergency room.”

There, he learned that he was severely anemic, likely from internal bleeding. A colonoscopy was ordered.

“Dr. Maan Anbari did the colonoscopy, and we finished that up about one o’clock on a Tuesday,” said Lafever. “He found that I had a 97% blockage in my colon due to a tumor, so he immediately talked to Dr. Brian Gerndt, a general and vascular surgeon, and I was in surgery at four o’clock the same day.”

Dr. Gerndt performed a colectomy to remove the diseased portion of the colon. He determined the tumor was a stage 3 cancer, which means it had gone through the colon wall and progressed to the adjacent lymph nodes.

“They removed some of the lymph nodes, and so I spent about 10 days in Cookeville Regional recovering from the colectomy, followed by about 12 to 13 days of home...
rest, but I was able to go back to work within 30 days,” said Lafever.

Two months later, he began a six-month chemotherapy regimen to treat any other lymph nodes that might have been affected.

Even though Lafever works in Chattanooga, he chose Cookeville Regional so he could be near his family.

“I didn’t have any qualms about the quality of care here,” said Lafever. “As far as I’m concerned, it was the best I could have received anywhere.”

When the treatments ended in April of 2019, a CT scan showed that everything was clear, so Lafever moved into a monitoring phase. He sees his oncologist, Dr. Venumadhav Kotla, every three months for bloodwork and gets CT scans every six months.

“I may not be totally out of the woods yet, but to monitor and catch things early gives you the best chance.”

David Lafever
Colon Cancer Survivor

“I’ve learned my lesson on following the doctor’s orders, the thought being that if we find something, we find it early, and the earlier the better in terms of the treatment,” said Lafever. “I may not be totally out of the woods yet, but to monitor and catch things early gives you the best chance.”

Lafever feels fortunate that his cancer was found and treated in time, since he rarely ever went to the doctor before his cancer diagnosis, and he had skipped the recommended health screenings like colonoscopies.

“I had always been healthy, so I guess I thought I was just going to live forever,” said Lafever. “Now my advice to my younger brothers and the friends that I work with is to do the preventative stuff. Do the colonoscopies at the proper time, because it can save you so much in terms of effort in recovery.”
Symptoms
Colorectal cancer might not cause symptoms right away, but if it does, it may cause one or more of these symptoms:
- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days
- A feeling that you need to have a bowel movement that’s not relieved by having one
- Rectal bleeding with bright red blood
- Blood in the stool, which may make the stool look dark
- Cramping or abdominal (belly) pain
- Weakness and fatigue
- Unintended weight loss

Risk Factors
Those at greatest risk of developing colorectal cancer include:
- Anyone with a personal history of colorectal cancer or adenomas at any age
- Anyone with a family history of colorectal cancer
- Those with a well-documented family history of adenomas
- Women diagnosed with uterine or ovarian cancer before 50
- Those with inflammatory bowel disease

Recommended Screenings
Colorectal cancer can be prevented by removing suspicious polyps before they become cancerous and, if found early, the chances of cure are much higher.

The strategy for reducing colorectal cancer deaths is simple.
- For normal-risk individuals, screening tests begin at age 50 and are repeated every 10 years.
- For high-risk individuals, screening colonoscopy needs to begin before age 50 and be repeated at more frequent intervals as recommended by a physician.

Open Access Colonoscopy
Cookeville Regional Medical Group’s gastroenterologists now offer an “open access colonoscopy” program for the convenience of their patients.

Open access colonoscopy allows a patient who has met certain health criteria to skip the initial office visit and be scheduled directly for a colonoscopy. Patients may be referred to the program by their primary care provider or, if their insurance does not require a referral, the patient may call the office directly to schedule a colonoscopy exam.

The patient will then fill out a brief medical history questionnaire to determine if they are a candidate for the open access program. The questionnaire is available online at crmedgroup.org/specialty/gastroenterology.

Once the questionnaire is reviewed by a clinician, qualified patients will then be scheduled directly for a colonoscopy. If not qualified for the open access program, the patient will be scheduled to see a gastroenterologist in the office prior to scheduling the colonoscopy.

For more information, please visit crmedgroup.org/specialty/gastroenterology or call the gastroenterology office of Cookeville Regional Medical Group at (931) 783-2616.
are you AT RISK?

DO YOU QUALIFY FOR A LUNG SCREENING?

IN AN EFFORT TO PROVIDE ACCESS TO SCREENING FOR PEOPLE AT HIGH RISK FOR DEVELOPING LUNG CANCER, CRMC offers low-dose CT (LDCT) scan lung screenings. The screening is quick and easy and results in a minimal amount of radiation exposure. The exam takes less than 10 seconds; no medications are given, and no needles are used. The cost is $99.

You may qualify for a LDCT lung screening at Cookeville Regional Medical Center if you fall into one of these categories:

**Category 1**
- You are between 55 and 77 years old,
- Are currently a smoker or have quit within the past 15 years, and
- Have smoked at least a pack of cigarettes a day for 30+ years.

**Category 2**
- You are between 50 and 77 years old,
- Have smoked at least a pack of cigarettes a day for 20+ years, and
- Have one additional lung cancer risk factor (not to include secondhand smoke exposure). Risk factors include having cancer in the past, emphysema, pulmonary fibrosis, a family history of lung cancer and exposure to certain substances (including asbestos, arsenic, beryllium, cadmium, chromium, diesel fumes, nickel, radon, silica and uranium).

**Scheduling a Screening**
To be scheduled for the screening, you will need to meet certain criteria to qualify.

Talk with your primary care provider to see if you qualify. You will need to fill out a questionnaire that is available at crmchealth.org/lung-cancer-screening. Your physician or other primary care provider will be required to fill out and sign the provider order, also found at crmchealth.org/lung-cancer-screening. To expedite the process, you may take the completed questionnaire and order form to your provider, who will then complete it to be sent to CRMC when scheduling the low-dose CT scan.

CRMC will file your insurance. Many commercial insurances, as well as Medicare Part B, cover the cost of the scan once per year for patients who qualify. Because insurance may require a preauthorization, it may be several days before your scan is scheduled, but we will work with you and your provider to schedule it as quickly and conveniently as possible.

If your insurance does not cover the screening or if you do not have insurance, the cost will be $99.

If you have questions, please call the lung nurse navigator at (931) 783-4996.

Early detection saves lives!

VAPING NOT AS SAFE AS IT MIGHT SEEM

MANY PEOPLE WHO USE E-CIGARETTES are doing so to avoid the well-documented, harmful effects of smoking cigarettes. However, evidence is emerging that “vaping” can also be very harmful to the lungs, and scientists are still learning about the long-term health effects of using e-cigarettes.

There are several reasons to strongly consider quitting e-cigarettes.

First, most e-cigarettes contain nicotine, which is highly addictive and can harm adolescent brain development, which continues into the early to mid-20s.

E-cigarettes often contain other harmful substances besides nicotine, including volatile organic compounds; cancer-causing chemicals; heavy metals such as nickel, tin and lead; and diacetyl, a chemical linked to a serious lung disease. E-cigarettes break these substances down into ultrafine particles that can be inhaled deep into the lungs, causing deeper damage.

Beyond these dangers, defective e-cigarette batteries have caused some fires and explosions, a few of which have resulted in serious injuries, and children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.

The bottom line is that e-cigarettes are proving to be unsafe for users of any age, but most especially for kids, teens and young adults, whose brains and lungs are still developing.

Talk to your child or teen about why e-cigarettes are harmful for them, and if you use them yourself, quit now. It’s never too late. For help quitting, take advantage of the free Quit 4 Life smoking cessation classes offered for adults and youth at Cookeville Regional. For more information, call (931) 261-4305.

SOURCE: CDC.gov
DIETITIAN ON HAND TO HELP WITH THE MANY ISSUES THAT CAN ARISE DURING CANCER TREATMENT

WHILE CANCER TREATMENTS CAN SAVE LIVES, their side effects can sometimes make it difficult to get the proper nutrition for healing.

That’s why the CRMC Cancer Program has Jennifer Bertram, a full-time, registered dietitian specializing in oncology, on hand to educate and assist patients throughout their course of therapy and beyond.

“Good nutrition makes a huge difference in cancer treatment, because we need sufficient nutrients to promote healing,” said Bertram. “Our patients really need more protein and calories than many other people, because those needs can be greatly increased with both chemotherapy and radiation therapy.”

In addition to making sure patients are getting the proper nutrients, Bertram also helps patients, like Bob Himell, who are dealing with other eating issues sometimes caused by cancer therapy.

In 2015, Himell discovered he had throat cancer that had metastasized to two of the lymph nodes in the back of his neck. Over the course of four months, he had nine chemotherapy treatments and 35 radiation treatments.

“I was told when I first started that I may not be able to eat because of the radiation and what it does to your throat, and that I might need a PEG (feeding tube) if I became unable to chew and swallow through my mouth,” said Himell. “I said, ‘That’s ridiculous!’”

After three weeks of treatment, eating had become so difficult that Himell had already lost 21 lbs.

“I decided that maybe a PEG is better than not eating, so that’s how I fed myself for three months,” said Himell. “It’s not really fun, but I guess it’s a choice — do you want to die, or do you want to eat?”

Bertram walked Himell through the process, teaching him how to prepare food, as well as his medications and nutritional supplements, to place in the tube.

“Puree is a very important word for people who have cancer, because you can take a lot of food and puree it into a liquid and then just dump it down there, and then, of course, there’s water – you have to drink so much water,” said Himell.

Bertram also educates patients on how their nutritional needs might be different after cancer treatment ends.

“While I’m encouraging people to eat more calories and protein than they normally do while undergoing treatment, after treatment is completed, many of them need to focus on weight loss so that they can reduce their chance of recurrence,” said Bertram. “So, I’m available for weight loss coaching for those folks who need it.”

Himell, who has remained cancer-free in the four years since his time at the Cancer Center, is grateful for the help Bertram gave him during his treatment.

“I think it made a lot of difference, the fact that you’ve got somebody who not only cares, but who knows what they’re talking about and can educate you as to what you need to do,” said Himell. “I don’t think anyone really can or should do it without a good dietitian like Jennifer. She was always there making sure that I was doing the right thing.”
SOCIAL WORKERS HELP PATIENTS WITH NEEDS AND CONCERNS

THROAT CANCER PATIENT IS GRATEFUL FOR THE MANY FORMS OF ASSISTANCE HE RECEIVED

From sharing a listening ear to assisting with needed resources, the social workers in the CRMC Cancer Center are on hand to help meet the needs of cancer patients.

“We interview the patient and try to do a psychosocial assessment to find out a little bit more about them,” said Jason Brown, an oncology social worker at the Cancer Center.

Then, based on the patient’s needs, the social workers try to put them in touch with resources that can help them.

“We screen them for things like appetite issues and might send them to our dietitian,” said Brown. “If they’re having pain issues but aren’t scheduled to see anyone, we can get them a faster appointment with their doctor.”

Social workers can also connect patients with resources outside the hospital that might be of benefit.

“We can put people in touch with a lot of other local services, like a free wig program for chemotherapy patients, the Go Pink program at the YMCA for breast cancer patients, and more,” said Brown.

They help the patient fill out any needed paperwork, such as advance directives, power of attorney, family medical leave requests for time off work, Social Security disability applications and more.

In addition, social services offers one-on-one counseling to help patients and family members deal with the emotional aspects of their illness, as well as providing home health referrals, gas cards and financial assistance.

One of the main resources the social workers call on for financial help is the Cookeville Regional Charitable Foundation’s Cancer Care Fund. While the fund does not cover medical bills, it can sometimes help with the necessities of life, like rent, mortgage payments, utility bills and groceries.

“People get stressed out over finances, and that’s a big thing,” said Brown. “If they experience an emergency like that, they start thinking, ‘Oh, no, I can’t make my house payment. I’m going to have to skip my treatment and go back to work instead.’ So the goal of financial assistance is to make sure they’re able to get here and get the treatments they need.”

Javier Cortez (name changed to protect patient’s identity) is one of the many patients the fund has helped. A throat cancer patient, Cortez had to take time off from his job because of the side effects of his chemotherapy and radiation treatments.

“They helped us with basically everything — the light bill, the water bill, the telephone bill and more,” said Cortez.

Social services also helped Cortez sign up for Social Security disability and TennCare.

“I didn’t have TennCare before, but they helped me get all of the paperwork filled out,” said Cortez. “That way, I wouldn’t have to worry about another huge medical bill, and it relieved the expense of the medications.”

Now that Cortez has completed his treatments and is back at work, he’s very grateful for all that Brown and the Social Services Department did to help him and his family through the crisis.

“It’s not just like one day you’re sick and then the next day you’re good,” said Cortez. “This is one of those things where it goes on for a while, and not being able to work during that time really does harm to your family. They were able to help me pay for necessities so we could stay on our feet.”
Cookeville Regional is proud to offer its patients a wide variety of clinical trials from the National Cancer Institute through the Southeast Clinical Oncology Research Consortium (SCOR).

Clinical trials are studies conducted with patients to evaluate new and promising treatments that have not yet been approved for use, or to test the use of an existing drug in a new way.

Dr. Thomas Summers, a medical oncologist at the Cancer Center, serves as the primary clinical trials investigator, and the Cancer Center Clinical Trials Department has two dedicated, full-time staff members — Tellie Mullinix, RN, BSN, clinical trials research nurse coordinator, and Jessica Grider, BS, clinical trials data manager.

The CRMC Cancer Program currently has 18 studies open, focusing primarily on lung and breast cancer.

“We’ve also been seeing a lot of colorectal cancer, so just this year, we’ve opened three trials for colorectal cancer patients” said Grider. “We have access to trials for virtually every diagnosis.”

Trials come in four phases. Phase 1 determines a medicine’s minimum effective dose and its maximum tolerated dose. Phase 2 establishes the desired blood levels and dosing for a medication. Phase 3 compares the treatment with the previous standard of care, and Phase 4 tests for side effects on drugs that are already FDA approved.

Cookeville Regional offers mostly Phase 3 and Phase 4 trials and places the utmost importance on patient safety and choice during clinical trials. Participation is strictly voluntary.

There are several different reasons patients typically choose to participate in clinical trials:

- They can take advantage of the latest treatments when there may be no other currently approved options.
- Trials are often offered at no cost to patients.
- Patients receive a sense of comfort from being followed and monitored very closely during a trial.

Mullinix and Grider say they get great satisfaction from being able to offer patients access to innovative new treatments they may not otherwise be able to have.

“It’s really exciting when you can see that someone is able to survive longer or maybe actually even stop progression of the disease so that they’re stable for much longer and have that much more time with their families because of a clinical trial,” said Mullinix.

To find out more about the Cancer Center’s clinical trials program or to learn more about current studies, please call Jessica Grider at (931) 783-5755. To view available clinical trials nationwide, visit clinicaltrials.gov.
CURRENT CLINICAL TRIALS AT CRMC

Breast

CANCER CONTROL DISEASE RESEARCH
URCC 16070 Treatment of Refractory Nivolumab
Eligibility: >18; F; ECOCG 0-2; chemoneuropathic to receive Docetaxel, Cyclophosphamide, and/or Carboplatin; NO Ateno

CANCER CONTROL DISEASE RESEARCH
S1714 Toxicity-Induced Peripheral Neuropathy
Eligibility: >18; stage 1-3 breast primary; NO stage 4; Planning to start treatment with a taxane-based chemotherapies within 14 days after registration; NO prior taxane, platinum, vinca alkaloid or bortezomib-based chemotherapies prior to registration.

ADJUVANT
A011502 Random Phase 3 Double-Blind Placebo-Controlled Trial of Asparin as Adjunctive Therapy for HER2-Negative Breast Cancer-ABC Trial
Eligibility: >18 and <70; M/F; ECOCG 0-2; HER2-Negative; If ER/PR-Positive, must be node 1 and < 10 yr. from diagnosis; if HR-negative, must be >2 cm and node negative and register within 18 months of diagnosis; if MBC eligible.

METASTATIC
NRG-RB01 Navel, Double-Blind, Phase 3 Trial of Paclitaxel/Trastuzumab/Pertuzumab + Atezolizumab or Placebo in First-Line HER2-Positive Metastatic Breast Cancer
Eligibility: >18; M/F; ECOCG 0-3; adenocarcinoma locally recurrent, unresectable, or metastatic; HER2-positive; must have local PD-L1, ER and PR; CT, bone scan and MRI four weeks prior to randomization.

METASTATIC
S1717 Random Non-Inferiority Trial Comparing OS of Patients Monitored with Serum Markers vs. Usual Care in Patients with HR's MBC
Eligibility: >18; M/F; PR/BR+; HER2-negative, metastatic breast cancer, no brain metast; register 14 days prior to 28 days after start of treatment, at least 1 STM must be > 2x ULN.

Biliary

LOCALLY ADV/ METASTATIC
S1815 Phase 3 Randomized Trial of Gemcitabine, Cisplatin +/- Nab-Paclitaxel vs. Gemcitabine and Cisplatin in Newly Diagnosed, Advanced Biliary Tract Cancers
Eligibility: >18; intra/extrahepatic cholangioma, Ca, or gallbladder cancer; ECOCG 0-1; NO ampullary Ca, peripheral neuropathy >/= Gr 2 CTCAE: adequate bone marrow, hepatic and renal function.

Cancer Control Disease Research
URCC 11692 Phase 2 Study of Low-Dose Ibeprofen for Cognitive Impairment in Colorectal Cancer Patients Receiving Chemotherapy
Eligibility: >18; non-metastatic; Ad/Nov 1 +/- RT. ANY LEVEL OF COGNITIVE DIFFICULTY after 1st cycle. No NSADIs, ASA 81mg allowed.

ADJUVANT
A031501 Randomized Controlled Trial of Standard Chemotherapy Alone or Combined with Atezolizumab As Adjunctive Therapy for Patients with Stage 3 Colon Cancer and Deficient DNA Mismatch Repair
Eligibility: >18 yr. ECOCG 0-2; stage 3 colon adenocarcinomas; deficient MMR by (IHC) Lynch Syndrome with germline mutation equivalent; no prior chemo/immunotherapy, biological or targeted therapy.

METASTATIC
NRG-G1004/SWOG-S1610 (COMMIT) Study: A Randomized Phase 3 Study of mOlOX, CaP (Bexarotem Combination Chemotherapy w/ vTrastuzumab or Atezolizumab + Atezolizumab- Monotherapy in the First-Line Treatment of Patients with Deficient DNA Mismatch Repair (dMMR) Metastatic Colorectal Cancer
Age > 18 years; ECOCG 0-2; mcCRC/sol or renum), no prior treatment; MMR-d by IHC, measurabledisease, adequate heme/hepatic and renal function enter: protein 0-1+, no pregnancy, CNS mets and other exclusion see detailed criteria 3.0

Colorectal Cancer Disease Research
URCC 11692 Phase 2 Study of Low-Dose Ibeprofen for Cognitive Impairment in Colorectal Cancer Patients Receiving Chemotherapy
Eligibility: >18; non-metastatic; Ad/Nov 1 +/- RT. ANY LEVEL OF COGNITIVE DIFFICULTY after 1st cycle. No NSADIs, ASA 81mg allowed.

ADJUVANT
A011502 Randomized Phase 3 Study of Capecitabine Plus Oxaliplatin Versus Capecitabine and Oxaliplatin in Untreated Older Patients >/= 70 with Colonic Lymphocytic Leukemia (CLL)
Eligibility: Must be >/= 70 yrs, ECOCG 0-2; and have CLL per 2018 IWCLL criteria, be Rai intermediate or high-risk; must for treatment per IWCLL guidelines; no prior treatment; Step 2 Reg Requirements: Completion of treatment through Cycle 14.

Leukemia

CC1

1ST LINE
A041702 A Randomized Phase 3 Study of Brustin Plus Omitozumab Versus Brustin Plus Vatekotinos and Omitozumab in Untreated Older Patients >/= 70 with Chronic Lymphocytic Leukemia (CLL)
Eligibility: Age ≥ 18 years; ECOG 0-2; mCRC(colon or rectum), no prior targeted therapy

Lung

CANCER CONTROL DISEASE RESEARCH
S1714 Toxicity-Induced Peripheral Neuropathy
Eligibility: >18; stage 1-3 breast primary; NO stage 4. Planning to start treatment w/ a taxane-based chemotherapies within 14 days after registration; NO prior taxane, platinum, vinca alkaloid, or bortezomib-based chemotherapies prior to registration.

ADJUVANT
A151216 Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial (ALCHEMIST)
Eligibility: >18; ECOCG 0-1; PRE-SURGICAL: Resectable stage 1 (>4cm), 2, or 3A. POST-SURGICAL: Completely resected stage 1B-3A NSCLC (adenoc or squamous). No neoadjvantchemotherapy, no prior targeted or IO-therapies; no concurrent 2nd primary

ADJUVANT
A081105 Randomized Study of Erlotinib vs. Observation in Patients with Completely Resected Epithelial Growth Factor Receptor (EGFR) Mutant Non-Small Cell Lung Cancer (NSCLC) ALCHEMIST Substudy)
Eligibility: Age ≥ 18 years; ECOCG 0-1; previously registered to A151216 with a result of EGFR exon 19 del or L858R mutation; completely resected stage 1B (>4cm), 2, or 3A nonosquamous NSCLC with negative margins

ADJUVANT
EAS142 Adjuvant Nivolumab in Resected Lung Cancers (ANYV)- A Randomized Phase 3 Study of Nivolumab After Surgical Resection and Adjuvant Chemotherapy in Non-Small Cell Lung Cancers (ALCHEMIST Substudy)
Eligibility: >/= 18; ECOCG 0-1, no EGFR mut or ALK rearrangement, central PD-L1 testing; no prior checkpoint inhibit (see additional eligibility criteria 3.0)

ADJUVANT
A081105 Randomized Study of Erlotinib vs. Observation in Patients with Completely Resected Epithelial Growth Factor Receptor (EGFR) Mutant Non-Small Cell Lung Cancer (NSCLC) ALCHEMIST Substudy
Eligibility: >18; ECOCG 0-1; non-small cell-all histologies; must have adequate tissue (see criteria); Patients w/ EGFR, ALK, ROS1 and B Raf mutations not eligible unless progressed on standard therapies. See criteria for detailed inclusion/exclusion.

RECURRENT/ METASTATIC
Lungmap Screening Study - A Master Protocol to Evaluate Biomarker-Directed Therapies and Immunomodulatory in Previously-Treated Non-Small Cell Lung Cancer
Eligibility: >18; ECOCG 0-1, life expectancy at least 3 months; PD after at least 1 line of therapy or disease has no new or Measurable disease; new or archival tissue for NGS to MATCH designated lab only entry mechanism.

Any Solid Tumors, Lymphoma or Multiple Myeloma

QUALITY IMPROVEMENTS

ONE OF THE GREATEST ADVANCES IN CANCER TREATMENT has been the emergence of oral chemotherapy medications that can be taken in the comfort of the patient’s own home. While this is often more convenient for the patient, there are some challenges, such as medication delivery and handling, administration, adverse effects and frequent laboratory tests. All of these can lead to noncompliance or failure to take the medication.

In 2018, Dr. Venumadhav Kotla, an oncologist at Cookeville Regional Medical Center, led a project to assess compliance rates and also evaluate the current processes that potentially impact a patient’s compliance to their medication regimen. In that study, it was found that 85% of patients were compliant, with those, 100% of the patients reported having received education about their medication. Almost 20% of the patients stated that they did not receive the medication for greater than two weeks. The study concluded that there was a need for consistent documentation of noncompliance, expedited delivery of medications, and follow-up calls to confirm patient understanding.

In October 2018, the Cancer Center pharmacy staff developed a program for patient follow-up. During monthly phone calls to the patient, the pharmacist was able to verify that the patient was taking their medication as prescribed, provide education and help manage adverse effects. At that time, the pharmacist also documented noncompliance and reasons for noncompliance.

The outpatient pharmacy at CRMC also began dispensing some of the oral chemotherapy medications in an attempt to get medications to patients in a more timely manner. An assessment of patients after three months showed an improvement in patient compliance, with 97% of patients reporting zero missed doses. Of those, 100% received education, and 95% expressed satisfaction with the new education process.

Overall, the callback program has been a great addition to the care patients receive at The Cancer Center at Cookeville Regional. Not only are we educating our patients, we are giving them the freedom and support they need to become their own advocates.
THE PAIN IN HER STOMACH WAS WHAT RENEA LANCASTER NOTICED FIRST.

"Back at the first of the year, I had been increasing my exercise somewhat, and I developed some abdominal pain that I ignored, because whose belly doesn’t hurt?" said Lancaster.

Two weeks later, the pain had grown much worse.

"It bent me double, so I left work and went to my family doctor’s office, and I was treated for diverticulitis," said Lancaster.

When the lab work came back the next day, her doctor suspected something more and scheduled a CT scan.

"When I had the CT, it was so inflamed that they couldn’t really see anything, so they continued to treat me for diverticulitis, and they set me up with a GI doctor," said Lancaster.

She finished her medicine and got another bout of what she thought was diverticulitis.

"Five months and several doctors later, a biopsy showed that it was ovarian cancer," said Lancaster.

At first, they estimated it was at stage 3, but after surgery was done to remove the ovaries, it was determined to be stage 4B. Lancaster had chemo every three weeks for five months and needed a second surgery, as well.

"When I was first diagnosed, the first thing I thought about was my children," said Lancaster, who has two daughters and a son. Lancaster decided to take advantage of the genetic counseling service offered at the Cancer Center to find out if her children might be affected. She met with genetic counselor Ashley Cohen, MS, LCGC, to get tested and to have guidance in understanding the results.

"We did a very large test for Renea and looked at all different types of cancers just to cast a wide net," said Cohen. "We did a saliva test and sent the sample out to the laboratory, which tested for around 40 genes, and the only thing that came back positive was the RAD51D gene."

When Lancaster received her results, all three of her children and several other family members got tested, too. One family member learned that she also carried the mutation, and having this knowledge will help her make better-informed medical decisions going forward.

Although the RAD51D gene is associated with ovarian cancer, it’s important for male family members to be tested, as well.

"RAD51D is a newly discovered gene, and the risks for men have not yet been well defined, but it can be beneficial for men to know if they carry the gene, because if they do, it can affect their daughters," said Cohen.

"I’ve learned a lot through Ashley, and that was the main reason I did the genetic counseling, so my kids would be able to know," said Lancaster. "I wish I had known that I carried it, but I didn’t, so I’m thankful that at least they can know."

For more information about the genetic counseling program at Cookeville Regional, visit www.crmchealth.org/genetic-counseling or call (931) 783-2476.
2019 CANCER COMMITTEE

EACH MEMBER IS LISTED BELOW WITH THEIR ROLE ON THE CANCER COMMITTEE, FOLLOWED BY THEIR POSITION AT CRMC. IF ONLY ONE LINE IS SHOWN UNDER THE NAME, THEN THE COMMITTEE ROLE AND POSITION ARE THE SAME.

Required Members

THOMAS SUMMERS, DO
Medical Oncologist

TRISHA MITCHELL
RN 6 North

WANDA RICHARDSON, RN
Community Outreach Coordinator
Workplace Wellness Manager

JONAS SIRYS, MD
Chairman/Radiation Oncologist

ROBYN CARWILE
Oncology RN Outpatient
Cancer Center RN Medical Oncology Nurse

PAUL IACOQUIN, MD
Alt. Medical Oncologist

GINNY TAYES, RN
Alt. Oncology RN
Outpatient
Cancer Center RN Medical Oncology Nurse

VINUMADHAV KOTLA, MD
Alt. Chairman/Alt. CLP
Medical Oncologist

JASON MEIER, MD
CLP
Medical Oncologist

DEBE WEST, MSW
Social Worker/Psychosocial Services Coordinator
Cancer Center Social Worker

JOSUE MONTANEZ, MD
Diagnostic Radiologist

SALLY HAYES, CTR
Registered Dietitian Nutritionist

ALGIS SIRYS, MD
Alt. Medical Oncologist/Alt. Radiation Oncologist
Medical Oncologist/ Radiation Oncologist

ERICA RAWDON, PHARM.D
Pharmacy Representative
Pharmacist

DENNIS TORDJMAN, MD
Alt. Medical Oncologist

SHONA DAVIS SMITH, MS, OTR/L
Rehabilitation Services Representative
Director of Therapy Services

GINNY CHARNOCK, MD
Alt. Diagnostic Radiologist

SARA ERGER
Oncology Nurse Practitioner

JASON MEIER, MD
CLP
Medical Oncologist

JASON BROWN
Social Worker/Psychosocial Services Coordinator
Cancer Center Social Worker

ALGIS SIRYS, MD
Alt. Medical Oncologist/Alt. Radiation Oncologist
Medical Oncologist/ Radiation Oncologist

KANDY MCGUIRE, RN, OCN
Administration/Cancer Conference Coordinator
Cancer Center Director/RN

JENNIFER BERTRAM, RD
Registered Dietitian Nutritionist

JANETTE PIPPIN, RN
Oncology RN 6 North

EDIE KNAPP, CTR
Oncology RN Outpatient
Cancer Center RN Medical Oncology Nurse

JASON BROOKS
Social Worker/Psychosocial Services Coordinator
Cancer Center Social Worker

JASON NOLAN, MD
Pathologist

SALLY HAYES, CTR
Registered Dietitian Nutritionist

MEGHAN ANNE DUNN, DO
Alt. Diagnostic Radiologist

MELANIE FINLEY
Alt. Community Outreach Coordinator
Marketing Director

ASHLEY COHEN, MS, LCDC
Genetic Counselor

JESSICA GRIDER
Alt. Clinical Trials Coordinator

LISETTE PIPPIN, RN
Oncology RN Outpatient
Cancer Center RN Medical Oncology Nurse

JASON MEIER, MD
Alt. Medical Oncologist

BUFFY KEY
Quality Improvement Coordinator
St. Vice President/Quality/Operations

JENNIFER BERTRAM, RD
Registered Dietitian Nutritionist

JASON MEIER, MD
Pathologist

KANDY MCGUIRE, RN, OCN
Administration/Cancer Conference Coordinator
Cancer Center Director/RN

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Oncology RN 6 North

EDIE KNAPP, CTR
Oncology RN Outpatient
Cancer Center RN Medical Oncology Nurse

JASON BROOKS
Social Worker/Psychosocial Services Coordinator
Cancer Center Social Worker

JESSICA GRIDER
Alt. Clinical Trials Coordinator

BUFFY KEY
Quality Improvement Coordinator
St. Vice President/Quality/Operations

JENNIFER BERTRAM, RD
Registered Dietitian Nutritionist

2019 CANCER COMMITTEE
Intraepithelial neoplasia cases.

Number of cases excluded: 0. This report includes CA in-situ cervix cases, squamous and basal cell skin cases, and epidermal neoplasia cases.

<table>
<thead>
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<th>Primary Site</th>
<th>Total</th>
<th>Sex</th>
<th>Stage of Cancer at Diagnosis</th>
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<td>Lung/Bronc/Non-Sm. Cell</td>
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<tr>
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<td>Brain &amp; CNS</td>
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<td>Brain (Malignant)</td>
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<td>Endocrine</td>
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</tbody>
</table>

Each calendar year, the Cookeville Regional Medical Center Cancer Program completes an in-depth analysis to assess and verify that our patients are evaluated and treated according to evidence-based national treatment guidelines.

In 2019, Dr. Robin Jacob reviewed all stage 4 non-small cell lung cancers treated at CRMC between Jan. 1, 2017, and Jan. 31, 2018. Current NCCN guidelines recommend testing the PD-L1 levels of tumors of all patients with stage 4 non-small cell lung cancer. PD-L1 level testing is a critical step in deciding treatment for patients with metastatic non-small cell lung cancer since first-line approval of Keytruda took place in October 2016. PD-L1 level is the only prospectively validated test to predict immunotherapy treatment response.

Charts of 44 patients who were diagnosed with stage 4 non-small cell lung cancer were reviewed. Eighty-six percent (38 out of 44) of the patients' tumors were tested for PD-L1 levels. The most common reason not to do the testing was the patient's poor performance status/decision to proceed with hospice care (9\%, or four out of 44); transfer of care to another facility (4\%, or two out of 44); and insufficient tissue for testing (2\%, or one out of 44). PD-L1 levels were reported within two weeks of ordering the test.

Our Cancer Center is in compliance with PD-L1 testing recommendations by NCCN guidelines. When the testing was not performed, the reasons were well documented in the chart. It was recommended that our center should continue to do PD-L1 testing on all stage 4 NSCLC patients who are eligible for treatment.

2019 GUIDELINE STUDY REVIEW BY DR. ROBIN JACOB

In 2019, Dr. Robin Jacob reviewed all stage 4 non-small cell lung cancers treated at CRMC between Jan. 1, 2017, and Jan. 31, 2018. Current NCCN guidelines recommend testing the PD-L1 levels of tumors of all patients with stage 4 non-small cell lung cancer. PD-L1 level testing is a critical step in deciding treatment for patients with metastatic non-small cell lung cancer since first-line approval of Keytruda took place in October 2016. PD-L1 level is the only prospectively validated test to predict immunotherapy treatment response.
COMMUNITY OUTREACH

Cookeville Regional Medical Center hosts a number of outreach programs each year for the community with a focus on prevention, screening and education. Based on the 2017 cancer cases at CRMC, emphasis was placed on the following categories:

RESPIRATORY SYSTEM

**Smoking Cessation Class Offered Through the CRMC Workplace Wellness Program**

Open to the public; weekly meetings with an increase of attendance to 10-12 participants per class; less than 50% success rate.

A new and alarming trend has been noticed in the youth and parent class (ages 12-18) using vape. Each eight-week Q4L youth class increases by 50% or more. Youth in Putnam County are smoking and dipping less, but vaping use is exploding.

**Low-Dose CT Lung (LDCT) Screenings**

Began offering to corporate wellness partners in 2014; implemented lung health nurse navigator program in 2015; lung health nurse navigator coordinated 407 screenings performed; 43 positive findings and 68 six-month follow-ups.

**BREAST CANCER**

**Pink Ribbon of Hope Mammogram Project**

Offers free mammograms to those who are uninsured or underinsured. Approximately 252 participants, 19 call-backs, two with follow-ups, three biopsies, zero positive findings.

**Mams for Moms Event**

This event is held in honor of Mother’s Day to promote the importance of mammograms. Approximately eight participants, with four DEXA screenings and two scheduled for biopsies.

**PROSTATE CANCER**

**Prostate-Specific Antigen (PSA) Testing**

CRMC offered PSA screening to the community and corporate wellness partners. There were 402 participants’ PSA screenings done, 21 elevations, with all recommended for follow-up with MD or urologist. Four were new findings.
RESOURCES contact information

- Cookeville Regional Medical Center
  (931) 528-2541 • crmchealth.org
- Cookeville Regional Cancer Center
  1-866-258-5416 • (931) 783-2497
- Breast Health Nurse Navigator
  (931) 783-2922
- Lung Health Nurse Navigator
  (931) 783-4996
- Cancer Support Groups
  Oncology Social Work Staff
  (931) 783-2026
- Clinical Trials
  (931) 783-5755
- American Cancer Society
  National Office
  (800) 227-2345 • cancer.org
- Susan G. Komen for the Cure
  National Office
  (877) 465-6636 • komen.org
- National Cancer Institute
  (800) 422-6237 • cancer.gov
- Cookeville Regional Tumor Registry
  (931) 783-2646
- Genetic Counseling
  (931) 783-2476

SUPPORTIVE services offered

AFTER DIAGNOSIS AND TREATMENT, sometimes a patient needs support from others who are knowledgeable of their needs and can answer questions and give guidance. CRMC offers a wide range of support groups and employs a full-time breast health nurse navigator, lung navigator, social workers and a registered dietitian dedicated to patients in the Cancer Center.

Breast Health Nurse Navigator
Lung Health Navigator
Oncology Dietitian
Oncology Social Workers
Pastoral Services
Reference Library
Hospice

Men’s Mondays/Women’s Wednesdays Programs offered by the Community Wellness Department that discuss cancer and a variety of topics relevant to the Upper Cumberland

Health Fairs Cancer screening and prevention programs offered at several health fairs each year

Circle of Hope A support group for patients who are diagnosed with any type of cancer, and their families
Reach to Recovery A program that helps patients cope with breast cancer by arranging visits between survivors and newly diagnosed patients
Breast Cancer Support Group An emotional and educational support group for women with breast cancer
Journey™ to Breast Health A program to help women navigate the path to health and healing
Quit 4 Life Free smoking-cessation classes that meet weekly and are highly successful at helping people quit smoking

Workplace Wellness Smoking Cessation Classes Classes offered through the workplace to help employees who want to break the habit
Let’s Quit Classes for adolescents that discuss the importance of not smoking and the dangers of secondhand smoke
Multiple Myeloma Support Group A monthly support group for patients with multiple myeloma
Grief Share Support Group A group for adults hurting from the death of a loved one

GO PINK A program, offered by the Putnam County and White County YMCAs, that provides exercise, nutrition information and lymphedema education, as well as encouragement and support for breast cancer survivors

myCRMChealth CRMC’s free online tool that allows you to have access to your personal health records – secure and convenient! Sign up by visiting myCRMChealth.org

The CANCER PROGRAM at COOKEVILLE REGIONAL
It’s the Way We CARE
1 Medical Center Blvd. • Cookeville, TN 38501 • crmchealth.org